

CFCRB FINDINGS AND RECOMMENDATIONS

AOC-CFCRB-2A

Date of Review / /

☐ Attention Judge

☐ Initial Review

Revised 10/05

IN THE INTEREST OF _____, A CHILD WHO HAS BEEN IN FOSTER CARE FOR _____ MONTHS

DOB: _____ Race: _____ Sex: _____ Court #: _____ DCBS #: _____ Judge : _____

FSW : _____ Supervisor : _____

G.A.L. : _____ CASA : _____

REMOVAL INFORMATION

Removal Date: ____/____/____

Removal Reason: ☐ Abuse ☐ Neg ☐ Dep ☐ Status

Court Finding: ☐ Abuse ☐ Neg ☐ Dep ☐ Status

Child in Kinship Care at Time of Removal? ☐ Y ☐ N

Prior Episode in Foster Care? ☐ Y ☐ N

Prior Release Date: ____/____/____

CHILD'S NEEDS

The Following Needs Are Being Met:

Physical Health: ☐ Y ☐ N

Mental Health: ☐ Y ☐ N

Educational: ☐ Y ☐ N ☐ NA

Independent Living: ☐ Y ☐ N ☐ NA

CASE FILE STATUS

☐ Placement Log in file

☐ Service Recordings current

☐ Current Case Plan in file

☐ Not Provided for review

☐ Provided, but not up to date

☐ Provided, but rescheduled

☐ Transferred to _____ Co.

☐ Transferred to DJJ

☐ Child released from cabinet's custody

RELEASED TO: _____

RELEASE DATE: ____/____/____

☐ Signed court order for release

☐ Unresolved Issues (see comments)

PLACEMENT INFORMATION

Current Placement: ☐ Kin ☐ Foster Home ☐ Pre-Adopt Home ☐ PCC ☐ Other _____

Current Placement is: ☐ Safe ☐ Appropriate ☐ Necessary Agree With Placement? ☐ Y ☐ N

Reason for Most recent Placement Change: _____

Number of Placements: _____ Moved More Than 3 Times in Past 6 Months? ☐ Y ☐ N

SIBLING VISITATION

Child Have Siblings? ☐ Y ☐ N Placed With Siblings? ☐ Y ☐ N Siblings Visitation? ☐ Y ☐ N

PERMANENCY AND CASE PLANNING

Permanency Plan: ☐ Return to Parent ☐ Adoption ☐ Permanent Relative Placement ☐ Planned Permanent Living Arrangement

☐ Emancipation ☐ Legal Guardianship Agree with Plan? ☐ Y ☐ N Concurrent Planning? ☐ Y ☐ N

Case Plan Compliance: Cabinet In Compliance? ☐ Y ☐ N Mother In Compliance? ☐ Y ☐ N ☐ NA Father In Compliance? ☐ Y ☐ N ☐ NA

Case Planning Conf: Dt of Last Case Planning Conference: ____/____/____ Mother Attend? ☐ Y ☐ N ☐ NA Father Attend? ☐ Y ☐ N ☐ NA

Reasonable Services Are Being Provided by the Cabinet to the Mother? ☐ Y ☐ N ☐ NA Mother Utilizing Services? ☐ Y ☐ N ☐ NA

Reasonable Services Are Being Provided by the Cabinet to the Father? ☐ Y ☐ N ☐ NA Father Utilizing Services? ☐ Y ☐ N ☐ NA

Permanency Hearing: Next Permanency Hearing Due Date: ____/____/____ Likely Date the Child Will Be Placed Permanently: ____/____/____

☐ ATTENTION JUDGE:
Permanency Hearing is Past Due

COMMENTS/RECOMMENDATIONS TO THE COURT:

☐ Response Requested from Cabinet

Reviewer's Name _____ Signature _____ Chair Initials _____ Next Review ____/____/____

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